

Foster Family Home - Corrective Action Report

Provider ID: 1-585581

Home Name: Lucita Galano, CNA

Review ID: 1-585581-6

86-182 Moelua Street

Reviewer: David Ayling

Waianae HI 96792

Begin Date: 2/21/2019

Foster Family Home

Required Certificate

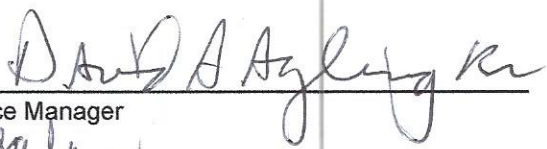
[11-800-6]

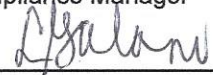
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 2/21/19.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

2/21/19
Date

2/21/19
Date